

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<b>SERIAL NO.</b> <div style="font-size: 1.2em; font-weight: bold;">10/622907</div>	<b>FILING DATE</b>					
							<b>CLAIMS</b>						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.	
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
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36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
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46													
47													
48													
49													
50													
<b>TOTAL IND.</b>								<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>								<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>								<b>TOTAL CLAIMS</b>					